

MASSHEALTH MEDICAID INTAKE



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ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

PERSONAL DATA OF THE PERSON WHO WILL BE RECEIVING MEDICAID BENEFITS, "APPLICANT":

Date: _____ Referred By: _____

Client's Full Legal Name _____
(Name most often used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell phone _____

Facility Name, Address & Telephone Number: _____

Date of Admission: _____ Dates of Medicare coverage: _____

Married Divorced Widowed Single

Name (Spouse) _____ Birth date _____ Date of Marriage _____

Comments _____ Social Security _____ Phone _____

Primary Contact Person:

Name: _____ Relationship: _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell phone _____ Business Telephone _____

Employed _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

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CHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name:

Name, Address & Phone _____ **Birth date** _____ **Relationship** _____

Comments: _____

Name, Address & Phone _____ **Birth date** _____ **Relationship** _____

Comments: _____

Name, Address & Phone _____ **Birth date** _____ **Relationship** _____

Comments: _____

Name, Address & Phone

Birth date

Relationship

Comments: _____

ADVISORS

Name & Contact Information

Telephone

Personal Attorney _____

Accountant _____

Financial Advisor /Banker _____

Life Insurance Agent _____

IMPORTANT QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do any of the children live in your home?		
Are any of your children disabled?		
Have you applied for VA Benefits? If yes, when? When did you start receiving benefits?		
Have you filed income tax returns in the last two years? If yes, please provide copies.		
Is anyone a member or has anyone been a member of the military services? If yes, name and what branch.		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs? <i>Describe</i> _____		
Do any of your children receive governmental support or benefits? <i>Describe</i> _____		
Do you provide primary or other major financial support to adult children or others? <i>Describe</i> _____		
Do you have a Will? If yes, please provide a copy.		
Do you have a Revocable or Irrevocable Trust? If yes, please explain.		
Do you have a Durable Power of Attorney? If yes, please provide a copy.		
Do you have a Health Care Proxy? If yes, please provide a copy.		

Do you own cemetery plots? If yes, please provide copies of documentation and value.		
Do you own any burial contracts? If yes, please provide copies.		
Do you have any pre-paid funeral arrangements? If yes, please provide contract.		
Do you have a separate bank account set aside for burial funds? If yes, balance?		

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time-share, vacant land, etc.

General Description and/or Address	Owner(s)	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*Indicate type below*)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

LIFE INSURANCE POLICES AND ANNUITIES

ADDITIONAL INFORMATION: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent. Please provide copies of any statements and/ or the first page of the policies (excluding any cover pages).

Total _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information. Please provide any current statements.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____

ANTICIPATED INHERITANCE, GIFTS, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances *that you expect to receive* at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Gifts of \$1,000 or more *that you have given* over the past 60 months, when and to whom. **Describe in appropriate detail.**

Description _____

Total estimated value _____

LONG TERM CARE POLICIES AND HEALTH INSURANCE INFORMATION

Does the applicant have any long term care policies? _____ YES _____ NO
 If yes, please provide information.

Does the applicant have health or medical insurance? _____ YES _____ NO
 If Yes, please provide a copy medical cards.

SUMMARY OF VALUES

ASSETS	Amount		
	Client	Other's	Total Value
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

MONTHLY INCOME SUMMARY

SOURCE:	AMOUNT:
Social Security	_____
Pension #1	_____
Pension #2	_____
Veterans Benefits	_____
Retirement Benefits	_____
Interest Income	_____
Alimony	_____
Annuity Payments	_____
IRA Payments	_____
Rental Income	_____
Current Wages	_____
Other	_____